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## ORIGINAL ARTICLES

### RESPONSIBILITY FOR STATEMENTS AND CONCLUSIONS IN ORIGINAL ARTICLES

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### GRADUATE INSTRUCTION FOR PHYSICIANS IN GENERAL PRACTICE \*

By T. C. ROUTLEY, M. D., Toronto, Canada

Mr. Chairman, Ladies, and Gentlemen: To be with you today and to be accorded a place on your program is a privilege and an honor which I highly appreciate. Permit me at the outset to state that I bring you cordial greetings from your brother practitioners in Canada, many of whom will, no doubt, co-mingle with you during the next week. As their representative and advance guard, I must state that the warmth and heartiness of the welcome which has been accorded to me bespeaks for my home colleagues a most kindly and pleasant atmosphere during their sojourn among you.

The subject which I have selected to take up with you is "Graduate Instruction for Physicians in General Practice." As secretary of the Ontario Medical Association for the past five years, and, more recently, having been appointed general secretary of the Canadian Medical Association, it has been both a duty and a pleasure for me to be somewhat intimately associated with the study of this problem.

There is a command which says: "Go ye into

all the world and preach the Gospel." The Gospel which it would be my pleasure to spread is one which would make better doctors for better service. And, after all, what higher calling is there than that which the followers of our noble art enjoy—and to whom is given such privileges and responsibilities as befall the lot of the physicians, especially the family physician, the physician in general practice.

The message, then, that I particularly wish to bring to you, and the thought to which I humbly desire to direct your attention has to deal with one of the greatest problems confronting teachers and practitioners of medicine alike; namely, to repeat, graduate instruction for the men in general practice—or, to put it in other words, "brushing up" at home; or keeping up to date while remaining on the firing-line.

The situation is no doubt one which at some time or other has engaged the attention of each one of you. Without question, it is admitted that the general practitioner must keep abreast the times if he is to render efficient service. But how is he to do it? The logical answer is: by keen observation, reading, contact education among his fellows at scientific meetings, and post-graduate work at the available centers. To this, the busy general practitioner answers: "At the end of a long day I am frequently too tired to read. (His inspiration is not strong enough to combat physical fatigue.) I live very largely in a professional world of my own, working out my problems in my own way. Go away to brush up! There are two outstanding difficulties in the way, namely, I have no one to leave in my place to take care of my people; and, secondly, the cost is too great owing to the fact that all is going out and nothing coming in while I am away; so I don't go away to post-graduate, with the result that the years come and go, finding me just a little further behind until—well, the rest of the picture is well known to you all." And lying back of the restraining reasons which are advanced is the outstanding psychological factor of the deficient stimulus ultimately leading on to placid resignation.

Possibly, in an endeavor to bring out the picture in bold relief, one may have exaggerated it somewhat; but, fundamentally, our premises are correct.

Is it necessary to brush up? asks a calculating layman. So far as I can see our old family doctor of thirty years ago gave us just as good service as the modern physician of which you speak. (Yes,

\* Doctor Routley, who is secretary of the Canadian Medical Association, was a guest of the California Medical Association at its Fifty-second Annual Meeting and an official delegate to the American Medical Association. This paper was read by invitation before the General Meeting of the California Medical Association in San Francisco, June 23, 1923.

very soon, and this is an important factor in many of these decrepit old men, who develop pulmonary, cardiac and renal embarrassment most readily.

Limited time does not allow me to discuss in detail the well-established methods of management from the moment the patient is first seen until he is fully convalesced.

The above-stated opinions are based on more than 200 prostatectomies performed by myself, about 20 per cent of which were done perineally. There has been no death among the perineal cases since the days of 'phthalein. In private practice my mortality rate after suprapubic prostatectomy has been 4.3 per cent and this, notwithstanding that until recently all the bad risks were done suprapubically in two stages.

#### CONCLUSIONS

1. Sixty-five per cent or more of patients requiring prostatectomy are good risks and have a reasonable expectancy of life from 4 to 20 years.

2. Operative mortality rate in this selected class of cases should not be more than 1 per cent from either type of operation.

3. Choice of anesthetic is a great factor. Mortality has shown a considerable drop with the introduction and use of caudal and transsacral or gas anesthesia for perineal operations and caudal and transsacral plus field-block in suprapubic operations or the use of spinal anesthesia.

4. From 15 to 35 per cent of any given series are poor risks, and the mortality rate is probably at least twice as great in these cases with the suprapubic route as it is perineally. These cases have a reasonable expectancy of not more than 1 to 3 years at best, and should be satisfied to take the chance of an occasional bad functional result.

5. On the other hand, the younger and sounder man with a reasonable expectancy of a considerable number of years to live and vitality sufficient to withstand a more radical and precise suprapubic enucleation, with safe preservation of sphincter control, no diminution of sexual power and no risk of having a urethrorectal fistula, I believe, should have the suprapubic operation in all cases. Bad results after suprapubic operations should not occur; but if they do occur, they are easily corrected. Most bad results after perineal operations are irremediable.

#### DISCUSSION BY GRANVILLE MAC GOWAN

Dr. Day's presentation of the dangers attending and the benefits to be expected from employment of the usual methods of getting rid of the obstructive and irritative interference to urination in cases of prostatism has the advantage of the clearness of vision arising from an unbiased mind and a wealth of observant experience.

The desideratum is that no surgeon should allow himself to become a fighting partisan for the operation of Mr. Him or that of Professor Who. The fact that these different techniques exist and that most men upon whom they are used make satisfactory recovery from their embarrassing ailments, speaks well for all of them. If it be but known, each has its definite cases to which it is best fitted. To select these cases is an art not of universal possession. The mortality rate of any operator depends not only upon his technical skill as a surgeon, including an intimate and exact knowledge of the anatomy of the perineum in the male, but

that of the fascial bed in which the bladder is found lying when it is approached from above, and of the interrelations of the organs of the pelvic basin. On the watch for the dangers which lurk and cower to spring upon the unwary from Scylla above or Charybdis below, free of the pride of the egoist who jeopardizes with nonchalance the interest of his client, by sacrifice of accuracy to speed—if the surgeon knows enough of medicine to properly prepare his client for the ordeal of operation and to carry him through the subsequent storm without too much meddling, in private practice the mortality rate should not exceed 2 per cent, whether the approach to the prostate be from above, visualized or not, one stage, two stage; or a Young's perineal prostatectomy from below, with or without drainage. The nature of the malady is such that the ultimate result is not always entirely satisfactory to either the operator or the patient, but a greater mortality in private hospitals nowadays than 2 per cent is attributable only to lack of skill, lack of care, or unsound judgment upon the part of the operator. It is my belief and my claim that no risk is ever added in the case by a preceding suprapubic operation for preliminary drainage, the bugaboo of some writers, that a little surgical care, easily learned and simple to carry out, can make as innocuous and foolproof as any process in surgery can be made. No man should ever lose his life from an operation required for suprapubic drainage, from the operation itself.

Brack Shops Building, Los Angeles.

#### ACKNOWLEDGMENT OF REPRINTS

Duncan, Rex., X-Ray in the Treatment of Neoplastic Diseases from a Pathological Standpoint.

See Witter, Calvin.

Green, A. S. and L. D., The Intracapsular Expression Extraction of Cataract. Reprinted from the Archives of Ophthalmology, Vol. LI, No. 4, 1922.

Kiger, William H., The Percy Method of Treating Cancer of the Uterus Applied to Treatment of Cancer of the Rectum.

Kreutzmann, Henry A. R., The Treatment of Hunter's Ulcer of the Bladder by Fulguration. Reprinted from the California State Journal of Medicine, April, 1922.

An Unusual Reaction Following Antiluetic Treatment, with a Discussion of the Jarisch-Herxheimer Reaction. Reprinted from the American Journal of Syphilis, Vol. VI, No. 3, July, 1922.

Studies in Ureteral Catheterization. Preliminary Report. Reprinted from the California State Journal of Medicine, September, 1922.

Rowe, Albert H., Focal Infection from the Internist's Point of View. Reprinted from Northwest Medicine, February, 1923.

The Diagnosis and Treatment of Thyroid Disease as Controlled by the Metabolic Rate. Reprinted from Endocrinology, Vol. VII, No. 2, pp. 256 to 272.

Insulin Treatment of Diabetes Mellitus. Reprinted from the California State Journal of Medicine, May, 1923.

Witter, Calvin, and Duncan, Rex., Effect, Reaction, and Some Dermatologic Uses of the Actinic Ray. From the Radium and Oncologic Institute.

Wright, Harold W., Mental Conditions in Childhood—Some general considerations with respect to the detection and correction of undesirable tendencies by individual personality studies of the child and the relation of such tendencies to future inefficiency, unhappiness, and possible serious mental diseases; also their relation to education. Reprinted from Journal of Delinquency, Vol. VIII, No. 2, March, 1923.

## BOOKS RECEIVED

**Heart Records, Their Interpretation and Preparation.** By S. Calvin Smith, M. D., author of "Heart Affections, Their Recognition and Treatment," Philadelphia. 126 original illustrations. Philadelphia: F. A. Davis Co., publishers, 1923.

**Excursions into Surgical Subjects.** By John B. Deaver, M. D., emeritus professor of surgery, University of Pennsylvania; surgeon-in-chief, Lankenau Hospital, Philadelphia; and Stanley P. Rieman, M. D., assistant professor of experimental pathology, University of Pathology, University of Pennsylvania; chief of the department of pathology and bacteriology, Lankenau Hospital, Philadelphia. Octavo volume of 188 pages and 30 illustrations. Philadelphia and London: W. B. Saunders Co., 1923. Cloth, \$4.50 net.

**Papers from the Mayo Foundation for Medical Education and Research** and the Graduate School of Medicine of the University of Minnesota, covering the period of 1920-1922. Octavo volume of 716 pages, with 257 illustrations. Philadelphia and London: W. B. Saunders Co., 1923. Cloth, \$10 net.

**The Mortality Experience of Industrial Policyholders, 1916-1920**, a contribution to the Public Health Movement in America by the Colonial Life Insurance Co. of America, John Hancock Mutual Life Insurance Co., Life Insurance Co. of Virginia, Metropolitan Life Insurance Co., Prudential Insurance Co., New York, 1923.

**Physiotherapy Technic**, a Manual of Applied Physics. By C. M. Sampson, M. D., formerly of the Physiotherapy Service; Walter Reed, U. S. Army General Hospital, Washington, D. C.; and of various U. S. Army General Hospitals, U. S. Public Service Hospitals, etc. 85 illustrations. St. Louis: C. V. Mosby Co., 1923.

**Infection and Resistance**, an exposition of the biological phenomena underlying the occurrence of infection and the recovery of the animal body from infectious disease, with a consideration of the principles underlying specific diagnosis and therapeutic measures. By Hans Zinsser, M. D., professor of bacteriology and immunity, Medical School, Harvard University, formerly professor of bacteriology and immunity, Stanford University, California. Third edition. New York: The MacMillan Co., 1923.

**1922 Collected Papers of the Mayo Clinic, Rochester, Minn.** Octavo of 1394 pages, 488 illustrations. Philadelphia and London: W. B. Saunders Co., 1923. Cloth, \$13 net.

**Practical Dietetics**, with reference to diet in health and disease. By Alida Frances Pattee, former instructor in dietetics, Bellevue Training School for Nurses, New York, etc. Fourteenth edition, completely revised. Teacher's Dietetic Guide accompanies the above work. A. F. Pattee, publisher, Mount Vernon, New York, 1923.

**Manual of Ship Sanitation and First Aid for Merchant Seamen.** Second edition, prepared under the direction of Rev. Archibald R. Mansfield, D. D., superintendent, Seamen's Church Institute of New York, in co-operation with the U. S. Public Health Service, Washington. By Robert W. Hart, past assistant surgeon. Second edition, illustrated. Published by Seamen's Church Institute of New York.

**Cures, the Story of the Cures That Fail.** By

James J. Walsh, M. D., professor of physiological psychology, Cathedral College of the Sacred Heart, New York; extension professor, Fordham University; lecturer in psychology, Marywood College, Scranton, Pennsylvania. D. Appleton & Co., New York and London, 1923.

## BOOK REVIEWS

**Principles and Practice of Infant Feeding.** By Julius H. Hess, M. D. Third edition, revised and enlarged. 496 pages. Illustrated. Philadelphia: F. A. Davis Co. 1922.

In reading the third edition of Julius Hess' book on the Principles and Practice of Infant Feeding, one is particularly impressed with the up-to-dateness of the book. There have been such great studies in biochemistry and physiology in the last decade that the average practitioner reads any modern book with fear and trembling, knowing perhaps that much will be beyond him, although to the writer, who has kept pace with these ideas, the book might appear very simple.

The author has admirably simplified the best and the most practical in modern theory and has made it applicable in a subject which for the most part has been guesswork to the general practitioner up to the present time. He has made infant feeding real and tangible, with a reason behind it. The questions and problems which are too simple and small to the general practitioner or the young doctor, but which are great milestones in the young mother's life, are answered well and the reasons for them made clear. Apropos of this thought, the subject of maternal nursing is excellently portrayed and many of the time-honored traditions beautifully exploded.

From a scientific standpoint, the chapters on Athrepsia, Anhydremia, Spasmophilia, Rickets, and Acidosis are admirably written. The author dwells on the best in modern thought and applies it simply and in a most practical way to the practice of pediatrics.

Although there are isolated points and statements in the book to which we might take exception, on the whole the book is well written and the statements are correct; but the important point is that baby feeding is made practical, scientific, and easy.

M. M.

**Premature and Congenitally Diseased Infants** (By Julius H. Hess, M. D. 397 pages. Illustrated with 189 engravings. Philadelphia and New York: Lea and Febiger. 1922. Price \$5.50.)

The appearance of this publication is very timely as it comes at a period in which the profession at large is making every effort to reduce infant mortality and to raise the general standard of the new born. It is hard to point out which of the chapters is of special interest because all the book is good, concise, well organized, splendidly illustrated and offered in a readable English. It is by no means only a book for the specialist and is recommended as a reference book to every physician who comes in contact with obstetrics and pediatrics.

The chapter on "Wet Nursing" is very interesting and can be considered a standard. I also point out the chapter on incubators and methods of improvising incubators. It offers many new suggestions that will be of great help to all physicians, especially those who often have to rely upon makeshift methods of treatment.

The book is well indexed so that it can be used for quick reference. Methods and many afflictions are illustrated in such a way that an excellent clinical visual picture is created.

The book deserves the best of recommendations.  
L. A. E.

... The troublesome relationship concerning payment of fees and bills is largely eliminated, as the physician is concerned only with the patient's sickness. The business manager must look after all else." What has become of the humanitarian spirit in the practice of medicine, the cherished inheritance of the ages, when physicians announce in the daily press that hereafter they will be so occupied in caring for the physical welfare of their patients that they have turned over to a business agent all business matters, such as all charges, fees and bills, and then incidentally mention in the same announcement that patients will please see the business manager before making an appointment with the doctor? This is prostituting an altruistic profession to plain, outright commercialism. What a mockery are the principles of ethics when physicians pledged to support and follow them deliberately and openly trample them in the dirt. If the medical profession is to save itself from everlasting disgrace, something will have to be done to prevent its degenerating into vulgar commercialism by way of newspaper advertising and similar methods.—M. L. Harris, M. D., in Journal A. M. A.

## MEDICAL ECONOMICS

*Why not let our advertisers help you?*

**St. Luke's Thyroid Commission**—St. Luke's Hospital announces the formation of a thyroid commission, composed of an internist, a metabolist, a surgeon, and a roentgenologist. The commission is thoroughly equipped for the intensive study of patients suffering with thyroid dyscrasias. After correlation of its clinical and laboratory findings, the commission's function will be to suggest in detail an individual course of therapy to be followed out under the direction of the referring physician or to personally undertake, with frequent metabolic controls, such a course on behalf of the referring physician. While clearly recognizing the surgical indications in thyroid conditions, it will be the policy of the commission to regard surgical intervention as, in general, to be resorted to only after medical and radio-therapeutic measures have, in toxic cases, failed to control the toxemia. Correspondence from physicians is solicited. Communications should be addressed to the secretary of the Thyroid Commission, St. Luke's Hospital, San Francisco.

**Home-School for Children in the Country**—Physicians with children under their care who would be benefited by living in the country in a real home, where they can be in the open air day and night and have home cooking adapted to their particular needs, will be interested in the advertisement of "Quiet Hills," in the classified section of this issue of the Journal. In addition to being a real home, school work is carried on under competent teachers. The owner is known to many of the physicians in Santa Clara County, whom she offers as reference. The school is located in the hills near Los Gatos; telephone 386R.

**New Locations of R. L. Scherer & Co.**—This firm, dealing in hospital equipment, supplies, surgical instruments and furniture, announces in this issue of the Journal new locations, at 679 Sutter street, San Francisco, and 736 South Flower street, Los Angeles, with enlarged service departments, improved delivery and shipping facilities, enabling them the better to carry out their slogan, "Scherer for Service."

The Journal feels particularly fortunate in being able to carry the advertising of this and other houses on whom our members may rely when needing surgical supplies, such as Reid Bros., San Francisco, with their own factory; Bischoff Surgical House,

San Francisco and Oakland; Richter & Druhe, San Francisco; Travers Surgical Co., San Francisco; Keniston & Root, Sacramento and Los Angeles; Walters Surgical Co., San Francisco. Consult them before buying.

**Surgical and Orthopedic Appliances**—Firms dealing in surgical and orthopedic appliances, surgical corsets, trusses, abdominal supporters, elastic hosiery, etc., who are helping to support your State Journal, are: C. H. Hittenberger Co., San Francisco; Frank F. Wedekind, San Francisco; A. Berbert & Bro., San Francisco; Aunger Artificial Limb Co., San Francisco; E. H. Markel & Co., San Francisco; Dickson-Bull Artificial Limbs, Oakland; M. J. Benjamin, Los Angeles. They deserve and merit your patronage.

## NEW MEMBERS

Los Angeles—Annis, A. J.; Berman, Phoebe; Garland, James A.; Kersten, Hugo M.; Allen, Joseph R.; Furusawa, Takashi; Goodwin, Joshua; Huston, James M.; Rhodes, Frederick A.; Smith, Frank E.  
Long Beach—Walker, Wade H.; Boyd, Truman O.

Hermosa Beach—Schmid, C. F.

Ahwahnee—Seward, Lee S.

Burlingame—Hanner, John W.; Callaway, William Otis.

San Jose—Porter, Edwin E.; Draper, David.

## TRANSFERRED

Blood, John N., Tulare County to San Mateo County.

Clattenburg, H. A., Sacramento County to San Mateo County.

## DEATHS

Brooks, Stephen D. Died at Los Angeles, July 4, 1923, age 69. Graduate of the Medical School of Harvard University, 1882. Licensed in California in 1918. He was formerly a member of the Los Angeles County Medical Society, the California Medical Association, and the American Medical Association.

Duncan, Arthur McDowell. Died at Glendale, July 10, 1923, age 73. Graduate of Bellevue Hospital Medical College, New York, 1878, and spent some time in post-graduate work in Chicago, New York, and the hospitals of London and Edinburgh. He was licensed in California in 1904 and practiced in Los Angeles and Glendale to the time of his death. Duncan was a member of the Los Angeles County Medical Society, the California Medical Association, and the American Medical Association.

Peck, John William. Died at Berkeley in July, age 51. He was a graduate of the University of California Medical School, 1905. Peck was a member of the Alameda County Medical Society, the California Medical Association, and the American Medical Association.

Sherry, Henry. Died at Pasadena, July 14, 1923, age 69. Graduate of the Chicago Homeopathic Medical College in 1880. Licensed in California in 1895. He was a member of the Los Angeles County Medical Society, the California Medical Association, and the American Medical Association.